

Table 11
North Carolina Medicaid
State Fiscal Year 2003
Service Expenditures for Selected Major Medical Services by Program Category

<u>Type of Service</u>	<u>Total</u>	<u>Percent of Service Dollars</u>	<u>Aged</u>	<u>MQBQ* Medicare Qualified Beneficiary</u>	<u>MQBB+MQBE Part B Premium Only</u>	<u>Blind</u>	<u>Disabled</u>	<u>Other Adult**</u>	<u>Breast Cervical</u>	<u>Children***</u>	<u>Alien & Refugees</u>	<u>Adjustments Unattributable to a Specific Category</u>
Inpatient Hospital	\$ 874,533,504	13.3%	\$ 19,159,016	\$ 38,199	\$ -	\$ 1,831,369	\$ 385,724,943	\$ 203,821,966	\$ 225,326	\$ 237,269,155	\$ 31,243,980	\$ (4,780,450)
Outpatient Hospital	538,024,825	8.2%	34,939,624	114,406	519,939	1,276,835	200,167,849	153,130,520	1,109,155	147,227,607	2,006,212	(2,467,323)
Mental Hospital (> 65)	7,274,997	0.1%	7,262,458	840	-	-	16,740	-	-	-	-	(5,042)
Psychiatric Hospital (< 21)	25,486,637	0.4%	-	-	-	-	7,080,671	18,945	-	18,405,165	4,318	(22,462)
Physician	572,206,549	8.7%	29,457,183	80,439	232,100	1,156,850	169,798,726	159,205,471	667,813	204,833,285	10,156,101	(3,381,418)
Clinics	499,919,525	7.6%	10,008,226	24,518	41,055	1,038,268	234,799,554	45,860,419	12,751	211,010,466	1,389,770	(4,265,503)
Nursing Facility:												
Skilled Level	448,975,984	6.8%	377,718,999	-	-	1,401,695	69,866,151	239,616	-	58,586	66	(309,129)
Intermediate Level	419,208,704	6.4%	374,603,967	-	-	1,150,280	43,484,669	4,482	-	81,725	2,329	(118,747)
Intermediate Care Facility (Mentally Retarded)	410,557,951	6.2%	22,967,285	-	-	7,092,169	377,809,607	-	-	2,699,346	-	(10,457)
Dental	129,107,695	2.0%	7,479,483	13	-	185,378	23,627,717	25,465,417	18,311	72,272,466	376,565	(317,654)
Prescription Drugs	1,203,809,178	18.3%	380,507,356	-	-	4,135,509	569,595,501	107,395,229	178,264	142,073,303	196,580	(272,565)
Home Health	157,985,231	2.4%	32,474,363	8,978	75,616	953,386	105,013,270	7,965,231	35,297	11,945,040	36,217	(522,168)
CAP/Disabled Adult	184,618,681	2.8%	134,827,369	-	-	1,593,539	48,305,629	-	-	-	-	(107,856)
CAP/Mentally Retarded	259,746,740	3.9%	5,070,250	-	-	2,796,935	249,844,956	-	-	2,498,645	-	(464,046)
CAP/Children	24,027,668	0.4%	-	-	-	277,001	23,071,606	-	-	687,502	-	(8,440)
Personal Care	189,319,390	2.9%	120,690,426	-	-	1,710,230	64,713,508	1,769,829	8,460	538,410	2,043	(113,517)
Hospice	23,799,114	0.4%	13,437,202	-	-	170,949	9,925,921	222,985	4,753	58,114	-	(20,811)
EPSDT (Health Check)	44,488,613	0.7%	444	-	-	5,573	1,201,005	39,116	16	43,309,713	4,271	(71,524)
Lab & X-ray	25,730,285	0.4%	128,568	222	312	47,247	4,902,943	10,978,752	11,866	9,645,234	62,022	(46,880)
Adult Home Care	121,226,198	1.8%	71,922,335	-	-	344,676	48,972,888	13,642	-	15,457	-	(42,800)
High Risk Intervention												
Residential	78,164,707	1.2%	-	-	-	-	18,397,068	-	-	59,865,503	-	(97,864)
Other Services	115,984,294	1.8%	9,634,373	4,661	1,938	213,624	36,250,283	31,652,382	8,236	37,985,432	592,492	(359,128)
Total Services	\$ 6,354,196,467	96.4%	\$ 1,652,288,930	\$ 272,275	\$ 870,961	\$ 27,381,513	\$ 2,692,571,206	\$ 747,784,001	\$ 2,280,250	\$ 1,202,480,153	\$ 46,072,965	\$ (17,805,786)
Medicare:												
Part A Premiums	41,487,836	0.6%	40,986,004	12,065	(319)	533,061	6,034	-	-	-	-	(49,009)
Part B Premiums	168,906,539	2.6%	87,603,562	449,560	25,234,249	677,494	54,464,353	287,775	-	6,671	2,198	180,677
HMO Premiums	24,476,991	0.4%	201	-	-	31,908	3,589,944	10,684,433	-	10,165,557	5,112	(164)
Total Premiums	\$ 234,871,366	3.6%	\$ 128,589,767	\$ 461,625	\$ 25,233,930	\$ 1,242,464	\$ 58,060,331	\$ 10,972,207	-	\$ 10,172,227	\$ 7,310	\$ 131,505
Grand Total Services and Premiums	\$ 6,589,067,833		\$ 1,780,878,696	\$ 733,900	\$ 26,104,891	\$ 28,623,976	\$ 2,750,631,537	\$ 758,756,209		\$ 1,212,652,380	\$ 46,080,274	\$ (17,674,281)

* Reflects expenditures for those who were eligible as QMBs (Medicare-covered services only) at the end of the year. As a result, expenditures include more services than are available through QMB coverage.

** Includes individuals covered under SOBRA Pregnant Women policies or individuals age 21 & over under TANF or AFDC-related coverage.

*** Includes SOBRA Children, individuals under age 21 in TANF or AFDC-related coverages or other children in foster care.

Note: Grand total expenditures do not include adjustments processed by DMA, settlements, disproportionate share costs and State and county administration costs and certified public funds in other agencies.